

OFFICIAL USE

2000 1530 0000 9414 8659

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Street, Apt. No.; or PO Box No.

3132 Wind tail Pass'd

City, State, ZIP+ 4

Summer 13 00001

PS Form 3800, May 2000

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Larner F. Lee ☐ Agent
~~X~~ ~~FAV~~ ☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
☒ No
 If YES, enter delivery address below:

RECEIVED

MAR 16 2012

DEPARTMENT OF
WATER RESOURCES

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 1530 0000 9414 8659

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540